

Fill in this information to identify your case:

Debtor 1 Michael D Brown

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number 2:16-bk-50103  
(If known)

Check if this is:

- ☒ An amended filing  
☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

##### Debtor 1

- ☒ Employed  
☐ Not employed

Industrial Contractors

Plumbers and Pipefitters

Payroll  
47201 County Road 273  
Conesville, OH 43811

##### Debtor 2 or non-filing spouse

- ☐ Employed  
☒ Not employed

Housewife

How long employed there? 1-Week

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

|  | For Debtor 1       | For Debtor 2 or non-filing spouse |
|--|--------------------|-----------------------------------|
| 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. | \$ <u>4,654.00</u> | \$ <u>0.00</u>                    |
| 3. Estimate and list monthly overtime pay.   | +\$ <u>0.00</u>    | +\$ <u>0.00</u>                   |
| 4. Calculate gross income. Add line 2 + line 3.  | \$ <u>4,654.00</u> | \$ <u>0.00</u>                    |

Debtor 1 **Michael D Brown**

Case number (if known) **2:16-bk-50103**

|   | For Debtor 1           | For Debtor 2 or<br>non-filing spouse |                                    |
|---|------------------------|--------------------------------------|------------------------------------|
| <b>Copy line 4 here</b> .....   | 4. \$ <b>4,654.00</b>  | \$ <b>0.00</b>                       |                                    |
| <b>5. List all payroll deductions:</b>  |                        |                                      |                                    |
| 5a. Tax, Medicare, and Social Security deductions   | 5a. \$ <b>844.00</b>   | \$ <b>0.00</b>                       |                                    |
| 5b. Mandatory contributions for retirement plans  | 5b. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 5c. Voluntary contributions for retirement plans  | 5c. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 5d. Required repayments of retirement fund loans  | 5d. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 5e. Insurance   | 5e. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 5f. Domestic support obligations  | 5f. \$ <b>1,533.00</b> | \$ <b>0.00</b>                       |                                    |
| 5g. Union dues  | 5g. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 5h. Other deductions. Specify: .....  | 5h.+ \$ <b>0.00</b>    | + \$ <b>0.00</b>                     |                                    |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6. \$ <b>2,377.00</b>  | \$ <b>0.00</b>                       |                                    |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.   | 7. \$ <b>2,277.00</b>  | \$ <b>0.00</b>                       |                                    |
| <b>8. List all other income regularly received:</b>   |                        |                                      |                                    |
| 8a. Net income from rental property and from operating a business,<br>profession, or farm<br>Attach a statement for each property and business showing gross<br>receipts, ordinary and necessary business expenses, and the total<br>monthly net income.  | 8a. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 8b. Interest and dividends  | 8b. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 8c. Family support payments that you, a non-filing spouse, or a dependent<br>regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce<br>settlement, and property settlement.   | 8c. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 8d. Unemployment compensation   | 8d. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 8e. Social Security   | 8e. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance<br>that you receive, such as food stamps (benefits under the Supplemental<br>Nutrition Assistance Program) or housing subsidies.<br>Specify: .....  | 8f. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 8g. Pension or retirement income  | 8g. \$ <b>0.00</b>     | \$ <b>0.00</b>                       |                                    |
| 8h. Other monthly income. Specify: .....  | 8h.+ \$ <b>0.00</b>    | + \$ <b>0.00</b>                     |                                    |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9. \$ <b>0.00</b>      | \$ <b>0.00</b>                       |                                    |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$ <b>2,277.00</b> | + \$ <b>0.00</b>                     | = \$ <b>2,277.00</b>               |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and<br>other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .<br>Specify: ..... |                        |                                      |                                    |
|   |                        | 11. +\$ <b>0.00</b>                  |                                    |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income.<br>Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it<br>applies  |                        | 12. \$ <b>2,277.00</b>               | <b>Combined<br/>monthly income</b> |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>  |                        |                                      |                                    |
| <input checked="" type="checkbox"/> No.   |                        |                                      |                                    |
| <input type="checkbox"/> Yes. Explain: .....  |                        |                                      |                                    |

**CERTIFICATE OF SERVICE (LBR 9013-3)**

I hereby certify that on April 6, 2016 in the year of Our Lord, a copy of the foregoing Amended schedule I was served on the following registered ECF participants, electronically through the court's ECF System at the email address registered with the Court:

Asst US Trustee (Col)  
Brian M Gianangeli on behalf of Creditor Ohio Department of Taxation  
Mitchell Marczewski on behalf of Debtor Michael D Brown  
Frank M Pees, Chapter 13 Trustee

And on the following by **ordinary U.S. Mail** addressed to:

Michael D. Brown, 134 Mill St. East, Senecaville OH 43780

/s/ Mitchell C. Marczewski

**MITCHELL C. MARCZEWSKI (0073258)**